

☐ ORIGINAL ☐ MODIFICATION ☐ CONTINUANCE ☐ ORDER AFTER HEARING

DOMESTIC VIOLENCE RESTRAINING ORDERS -- REQUIRED LAW ENFORCEMENT INFORMATION

The following information will be entered into the Department of Justice's restraining order files to prevent the defendant from purchasing or attempting to purchase a firearm for as long as the order is in effect.

CASE NO. _____

PRINT ONLY

PERSON PROTECTED BY DOMESTIC VIOLENCE RESTRAINING ORDER

FULL NAME AND ADDRESS <i>(THE DEFENDANT IS NOT ALLOWED TO SEE THIS FORM)</i>			
Last Name	First Name	Middle Name	
Street Address	City	State	Zip

PERSON TO BE RESTRAINED

FULL NAME			
Last Name		First Name	
Middle Name			
Other Names used or Nicknames			
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		RACE <i>(check one only)</i>	
DATE OF BIRTH		<input type="checkbox"/> White <input type="checkbox"/> Black	
HEIGHT		<input type="checkbox"/> Hispanic <input type="checkbox"/> Chinese	
Feet Inches		<input type="checkbox"/> Japanese <input type="checkbox"/> American Indian	
WEIGHT		<input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander	
Pounds		<input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian	
		<input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese	
		<input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean	
		<input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian	
EYE COLOR <i>(check one only)</i>		HAIR COLOR <i>(check one only)</i>	
<input type="checkbox"/> Black <input type="checkbox"/> Hazel		<input type="checkbox"/> Black <input type="checkbox"/> Red	
<input type="checkbox"/> Blue <input type="checkbox"/> Maroon		<input type="checkbox"/> Blond <input type="checkbox"/> Sandy	
<input type="checkbox"/> Brown <input type="checkbox"/> Pink		<input type="checkbox"/> Brown <input type="checkbox"/> White	
<input type="checkbox"/> Gray <input type="checkbox"/> Multicolor		<input type="checkbox"/> Gray	
<input type="checkbox"/> Green			
ADDRESS			
Street Address		City State Zip	
SOCIAL SECURITY NUMBER _____			
DRIVER'S LICENSE NUMBER _____ DRIVER'S LICENSE STATE _____			
DRIVER'S LICENSE YEAR OF EXPIRATION _____			

THIS INFORMATION CAN NOT BE ENTERED INTO THE DEPARTMENT OF JUSTICE'S FILES UNTIL THE DEFENDANT HAS BEEN PERSONALLY SERVED. YOU NEED TO BRING A COPY OF THE PROOF OF SERVICE TO THE LAW ENFORCEMENT AGENCY HAVING JURISDICTION OVER YOUR RESIDENCE.

TO BE COMPLETED BY LAW ENFORCEMENT AGENT:

RECEIVED BY _____
Name

Employee Number

Date

FOR LAW ENFORCEMENT USE ONLY
DO NOT WRITE ON THIS SIDE

☐ **DEFENDANT PRESENT AT HEARING**

_____ ORI of Agency Inputting Data (9 characters alphanumeric)

_____ Restraining Order Number (2 to 13 characters alphanumeric)

_____ Court Name (20 characters alphanumeric)

TYPE OF ORDER (4 characters alpha)

☐ Temporary Restraining Order/Order to Show Cause (TRO)

☐ Order After Hearing (OAH)

_____ **ISSUE DATE** (6 characters numeric)

_____ **DATE SERVED/OR DATE OF HEARING IF THE DEFENDANT WAS PRESENT.**
(6 characters numeric)

_____ **TIME SERVED** (4 characters numeric)

SERVED BY _____ (4 to 30 characters,
(Last Name, First Name) alpha, one comma)

AGENT ID OR BADGE NUMBER _____ (5 characters alphanumeric)

AGENCY SERVING ORDER _____ (4 to 30 characters,
alphanumeric)

_____ **EXPIRATION DATE** (6 characters numeric)

CAUTION CODES: (1 character alpha)

A = ARMED & DANGEROUS

S = SUICIDAL TENDENCIES

M = MENTALLY DISTURBED

E = ESCAPE RISK

X = SEE MISCELLANEOUS FIELD

MISCELLANEOUS FIELD (1 to 300 characters alphanumeric)

ENTERED INTO CLETS BY:

Name Employee Number Date Time